

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles
Driver License Section

MAIL-IN APPLICATION FOR FULL PROVISIONAL LICENSE

Name:	License Number:
Address:	Mailing Address:
Date:	Phone:

I have held a Limited Provisional License for at least six (6) months and have not been convicted of any motor vehicle moving violations or seat belt/mobile telephone infraction during the preceding six (6) months. I am enclosing a check or money order in the amount of _____. Please mail my full provisional license to the above address.

Signature of Customer: _____

I CERTIFY THAT I AM THE PARENT OR GUARDIAN OF THIS MINOR AND I GIVE PERMISSION TO THE N.C. DMV TO ISSUE A FULL PROVISIONAL LICENSE.

Signature of Parent or Guardian: _____

_____ appeared before me on (date): _____ in
 _____ County, State and signed the foregoing document.

Notary Public: _____

My Commission Expires: _____

(SEAL)

Mail application to:
 NC Division of Motor Vehicles
 Temporary Driver License Unit
 3115 Mail Service Center
 Raleigh, North Carolina 27699-3115

Your Full Provisional License will expire on your 21st birthday. The fee for a Full Provisional License is determined by your age.

**** (16 years old=\$20.00 / 17 years old=\$16.00) ****
(Cost of issuance is subject to change per legislative mandate.)

(Departmental Use Only)

Date License Issued:	Date License Denied:
Reason for Denial:	